



Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%

\* See attached \*

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	650 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	650 Feet	Setback from the River, Stream, Creek	350 Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	215 Feet		
Setback from the South Lot Line	730 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	600 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	650 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	30 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-00047	Permit Date: 6-2-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	NA
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Case #:	NA		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: Existing Garage now properly converted. To be used while New Residence is being built.		Zoning District (AG1)		Lakes Classification ( )		
Date of Inspection: 5/31/2017		Inspected by: Robert Schirmer		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)						
Permit Expires 12 months from date of issuance.						
All Plumbing fixtures must be removed and use for habitation must be abandoned at time temp. permit expires.						
Signature of Inspector: [Signature]		Date of Approval: 5/31/2017				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



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(Z)  
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City, Village, State or Federal  
Permits May Also Be Required  
**TEMPORARY**

LAND USE –  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0004T** Issued To: **Tyler & Rachael Larson**

**N ¼ of**

Location: **NW ¼ of SW ¼** Section **14** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [Temporary permit allowing existing structure for a period of less than 1 year.  
2 - Story, Second Residence on Parcel ]**

**Condition(s):** Permit expires 12 months from date of issuance. All plumbing fixtures must be removed and use for habitation must be abandoned at time temporary permit expires. Expiration: June 2, 2018

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Rob Schierman**

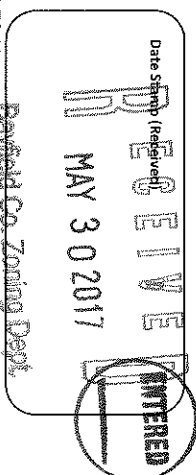
Authorized Issuing Official

**June 2, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0198
Date:	6-2-17
Amount Paid:	240 5-35-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <b>TYLER &amp; RACHAEL LARSON</b>	Mailing Address: <b>29255 VERNERS RD ASHLAND, WI 54806</b>	Telephone: <b>715-685-9965</b>
Address of Property: <b>29255 VERNERS RD</b>		City/State/Zip: <b>ASHLAND, WI 54806</b>
Contractor: <b>TYLER LARSON CONSTRUCTION, LLC</b>		Contractor Phone: <b>715-292-3281</b>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <b>715-292-3281</b>
Agent Mailing Address (include City/State/Zip):		Plumber: <b>Plumber Phone:</b>
PROJECT LOCATION <b>NW 1/4, SW 1/4</b>		Tax ID# (4-5 digits) <b>15688</b>
Legal Description: (Use Tax Statement)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <b>V. 899 R. 798</b>
<b>NW 1/4, SW 1/4</b>	Gov't Lot	Lot(s)
	CSM	Vol & Page
	Lot(s) No.	Block(s) No.
Section <b>14</b> , Township <b>47</b> N, Range <b>05</b> W	Town of: <b>EILEEN</b>	
Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Distance Structure is from Shoreline: <b>650</b> feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		

Value at Time of Completion * include donated time & material <b>\$40,000.00</b>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/>	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input type="checkbox"/>	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/>	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>septic/DF</b> <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/>	

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>20</b>	Width: <b>20</b>	Height: <b>12</b>
Proposed Construction:	Length: <b>6</b>	Width: <b>14</b>	Height: <b>28</b>

Proposed Use <input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	✓	Proposed Structure			Dimensions	Square Footage	
		<input type="checkbox"/> Principal Structure (first structure on property)					( <input type="checkbox"/> X )
		<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)					( <input type="checkbox"/> X )
		with Loft					( <input type="checkbox"/> X )
		with a Porch					( <input type="checkbox"/> X )
		with (2 <sup>nd</sup> ) Porch					( <input type="checkbox"/> X )
		with a Deck					( <input type="checkbox"/> X )
		with (2 <sup>nd</sup> ) Deck					( <input type="checkbox"/> X )
		with Attached Garage					( <input type="checkbox"/> X )
		<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities					( <input type="checkbox"/> X )
<input type="checkbox"/> Mobile Home (manufactured date)			( <input type="checkbox"/> X )				
<input type="checkbox"/> Addition/Alteration (specify)			( <input type="checkbox"/> X )				
<input type="checkbox"/> Accessory Building (specify)			( <input type="checkbox"/> X )				
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <b>Garage addition</b>			( <input type="checkbox"/> 6 X 14 )				
Rec'd for instance			<b>26 x 34</b>	<b>884</b>			
JUN 02 2017			( <input type="checkbox"/> X )	( <input type="checkbox"/> X )			
Conditional Use: (explain)			( <input type="checkbox"/> X )	( <input type="checkbox"/> X )			
Secretarial <input type="checkbox"/> Other: (explain)			( <input type="checkbox"/> X )	( <input type="checkbox"/> X )			

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Rachael Larson  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date **5-30-2017**

Authorized Agent: \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit **29255 Verners Rd. Ashland, WI 54806**

If you recently purchased the property send your Recorded Deed

Attach

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Draw or Sketch your Property (regardless of what you are applying for)

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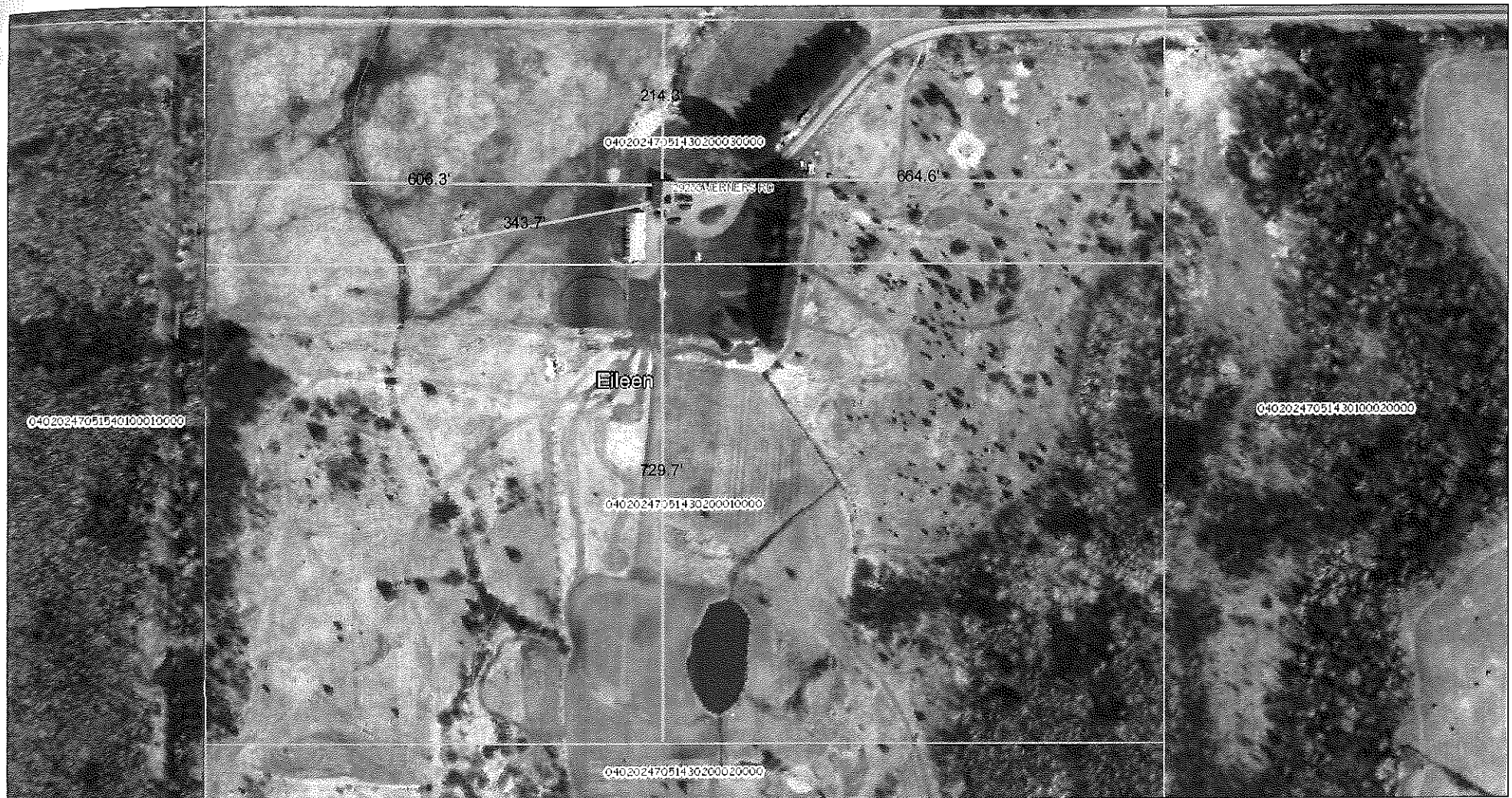
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0198	Permit Date: 6-2-17		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: ATF Addition to existing Garage. Temp. Uses as Residence to be abandoned within 12 months.			
Date of Inspection: 5/31/2017	Inspected by: Robert Schirman		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)			
Upon expiration of Temp Permit all plumbing fixtures must be removed and use for habitation must be abandoned.			
Signature of Inspector:	Date of Approval: 5/31/2017		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

# Bayfield County Web AppBuilder



May 30, 2017

Building

Corner Tie Sheets

- Section Corner Monument on File
- Section Corner Monument Referenced on Survey

Survey Maps

UnRecorded Map

Recorded Map

Road Type

- CFR
- County
- Federal
- Private

State

Town

Municipal Boundary

Section Lines

Approximate Parcel Boundary

Meander Line

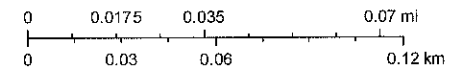
Tie Line

Rivers

Douglas Co Parcels

Ashland Co Parcel

1:1,563



Bayfield County  
Bayfield

City, village, State or Federal  
May Also Be Required  
After-the-Fact

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0198** Issued To: **Tyler & Rachael Larson**

N ¼ of

Location: **NW** ¼ of **SW** ¼ Section **14** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Addition / Alteration: [ 2- Story; Addition (6' x 14') (26' x 34') = 968 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Upon expiration of temporary permit all plumbing fixtures must be removed and use for habitation must be abandoned.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**June 2, 2017**

Date